

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Minnesota

Case number (if known): _____

Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Christopher

First name

John

Middle name

Kovanda

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 5 1 9 5

OR

9 XX - XX -

XXX - XX -

OR

9 XX - XX -

Debtor 1 Christopher John Kovanda

First Name Middle Name Last Name

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☐ I have not used any business names or EINs.

Kovanda Plastic Surgery, P.L.L.C.

Business name

Aesthetic Institute of Edina, PLLC

Business name

2 6 4 7 5 8 8 6 0
EIN

4 7 4 8 6 9 0 5 1
EIN

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

1547 East 33rd Street

Number Street

Minneapolis

City

MN

State

55407

ZIP Code

Hennepin

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Post Office Box 390144

P.O. Box

Edina

City

MN

State

55439

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Christopher John Kovanda

First Name Middle Name Last Name

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☒ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Christopher John Kovanda Case number (if known) _____
First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

Name of business, if any _____
 Number _____ Street _____

 City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- ☒ No
☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____
 Number _____ Street _____

 City _____ State _____ ZIP Code _____

Debtor 1

Christopher John Kovanda

First Name Middle Name Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Christopher John Kovanda

First Name Middle Name Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☐ 1-49
☒ 50-99
☐ 100-199
☐ 200-999
☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000
☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☐ \$100,001-\$500,000
☐ \$500,001-\$1 million
☒ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million
☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☐ \$100,001-\$500,000
☐ \$500,001-\$1 million
☒ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million
☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Christopher John Kovanda x

Signature of Debtor 1

Signature of Debtor 2

Executed on 6/26/2020
MM / DD / YYYY

Executed on
MM / DD / YYYY

Debtor 1 Christopher John Kovanda
First Name Middle Name Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X //Howard A Lazarus

Signature of Attorney for Debtor

Date 05/08/2020

MM / DD / YYYY

Howard Aaron Lazarus

Printed name

The Law Office of Howard Lazarus

Firm name

3800 American Boulevard West

Number Street

Suite 1500

Bloomington

City

MN

State

55431

ZIP Code

Contact phone 651-434-7590

Email address halazlaw@gmail.com

0184196

Bar number

MN

State

Debtor 1

Christopher John Kovanda

First Name Middle Name Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No

☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No

☒ Yes


Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No

☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x  x

Signature of Debtor 1

Signature of Debtor 2

Date 06/26/2020
MM / DD / YYYY

Date _____
MM / DD / YYYY

Contact phone (612) 462-0307

Contact phone _____

Cell phone (612) 462-0307

Cell phone _____

Email address cjkovanda@yahoo.com

Email address _____

Fill in this information to identify your case:

Debtor 1 Christopher John Kovanda
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 603,254.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 832,494.00
- 1c. Copy line 63, Total of all property on *Schedule A/B* **\$ 1,435,748.00**

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 756,958.00
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 332,642.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 911,543.00
- Your total liabilities** **\$ 2,001,143.00**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* \$ 23,908.00
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* \$ 14,156.00

Debtor 1

Christopher

John

Kovanda

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 25,544.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 111,112.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 64,454.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 126,144.00
9g. Total. Add lines 9a through 9f.	\$ 301,710.00

Fill in this information to identify your case and this filing:

Debtor 1 Christopher Kovanda
First Name Middle Name Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: District of
Case number

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1. 1547 East 33rd Street
Street address, if available, or other description

Minneapolis MN 55407
City State ZIP Code

Hennepin
County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: 02-028-24 14 0026

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ 225,000.00
Current value of the portion you own? \$ 0.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. 6120 Kavanaugh Lane
Street address, if available, or other description

East Gull Lake MN 55401
City State ZIP Code

Cass
County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☒ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: 87-415-0165

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ 381,000
Current value of the portion you own? \$ 190,500

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy in Common

☐ Check if this is community property (see instructions)

1.3.

Street address, if available, or other description

City

State

ZIP Code

County

What is the property? Check all that apply.

☐ Single-family home

☐ Duplex or multi-unit building

☐ Condominium or cooperative

☐ Manufactured or mobile home

☐ Land

☐ Investment property

☐ Timeshare

☐ Other

Who has an interest in the property? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$

\$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

→

\$ 190,500.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No

☒ Yes

3.1.

Make:

Toyota

Model:

Highlander

Year:

2011

Approximate mileage:

11,100

Other information:

Hybrid

Who has an interest in the property? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ 6,500.00

\$ 0.00

If you own or have more than one, describe here:

3.2.

Make:

Chevrolet

Model:

Aveo

Year:

2005

Approximate mileage:

200,000

Other information:

Kelly Blue Book value

Who has an interest in the property? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$ 250

\$ 250

Official Form 106A/B

Schedule A/B: Property

page 2

3.3. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ 250.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... beds, dressers, tables, benches, chairs, love seat, couch, futon, desk, rugs \$ 6,780.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... radio, turntable, records, CDs, computer, DVDs, DVD player, video projector, home tools \$ 1,000.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe..... Books, Art, decor, model train, coin and stamp collections, frames, racing go kart, remote control racing cars, Old Town Kayak \$ 4,950.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe..... bicycles, skateboards, scooter, skis, snowboard, weights, bench, guitar, golf clubs, backpacking equipment, trampoline, ice skates \$ 1,170.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe..... Henry Eagle rifle \$ 700.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... Clothes \$ 1,500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... Quello wedding ring \$ 40

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe..... Dog \$ 300.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information. \$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 16,440.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes

Cash: \$ 50

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account:	Wells Fargo Bank	\$ 1,332.00
17.2. Checking account:	Firefly Credit Union	\$ 6,980.00
17.3. Savings account:	Wells Fargo Bank	\$ 1.00
17.4. Savings account:	Firefly Credit Union	\$ 61,806.00
17.5. Certificates of deposit:		\$
17.6. Other financial account:		\$
17.7. Other financial account:	Sunrise Bank	\$ 19,438.40
17.8. Other financial account:		\$
17.9. Other financial account:		\$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

	\$
	\$
	\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No☒ Yes. Give specific information about them.

Name of entity:	% of ownership:	
Kovanda Plastic Surgery, P.L.L.C.	100.00 %	\$ 0
Aesthetic Institute of Edina, P.L.L.C.	100.00 %	\$ 0
Kovanda Aesthetic Surgery, P.C.	10,000% %	\$ 0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

\$

\$

\$

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

Cornerstone Private Asset Trust Company

\$

603,111

Pension plan:

\$

IRA:

\$

Retirement account:

Spectrum Employee Benefits

\$

8400

Keogh:

\$

Additional account:

\$

Additional account:

\$

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No

☒ Yes

Institution name or individual:

Electric:

\$

Gas:

\$

Heating oil:

\$

Security deposit on rental unit:

\$

Prepaid rent:

Mann Companies

\$

110,000.00

Telephone:

\$

Water:

\$

Rented furniture:

\$

Other:

\$

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes

Issuer name and description:

\$

\$

\$

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).
☒ No
☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____

\$ _____

\$ _____

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**
☒ No
☐ Yes. Give specific information about them....
\$ _____

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements
☒ No
☐ Yes. Give specific information about them....
\$ _____

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses
☐ No
☒ Yes. Give specific information about them....
Minnesota License to practice Medicine #41657 and KPS Website
\$ 250.00

Money or property owed to you? **Current value of the portion you own?**
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**
☐ No
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.
2017 Minnesota Property Tax Refund
Federal: \$ _____
State: \$ 2387
Local: \$ _____

29. **Family support**
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement
☒ No
☐ Yes. Give specific information.....
Alimony: \$ _____
Maintenance: \$ _____
Support: \$ _____
Divorce settlement: \$ _____
Property settlement: \$ _____

30. **Other amounts someone owes you**
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else
☒ No
☐ Yes. Give specific information.....
\$ _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

Pro. & Comm. Liability Insurance

Chris Kovanda

\$ 0

Prudential Life Insurance

Chris's Estate

\$ 0

USAA

Chris Kovanda

\$ 0

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

\$

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

\$

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ No

☒ Yes. Describe each claim.

Fed and MN Pandemic Unemployment Assistance \$834 / week

\$ 0.00

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information.....

\$

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here



\$ 813,755.40

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.

☒ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe.....

\$

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☒ Yes. Describe.....

Computer

\$ 750.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☐ No

☒ Yes. Describe..... Professional Books \$ 500.00

41. Inventory

☐ No

☒ Yes. Describe..... \$

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Describe..... Name of entity: % of ownership: \$

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe..... \$

44. Any business-related property you did not already list

☐ No

☒ Yes. Give specific information KPS's Prepaid Expense account with Agiliti Health Inc \$ 798.68

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here → \$ 2,048.68

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes..... \$

Current value of the portion you own? Do not deduct secured claims or exemptions.

48. Crops—either growing or harvested

☒ No
☐ Yes. Give specific information. \$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No
☐ Yes \$

50. Farm and fishing supplies, chemicals, and feed

☒ No
☐ Yes \$

51. Any farm- and commercial fishing-related property you did not already list

☒ No
☐ Yes. Give specific information. \$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No
☐ Yes. Give specific information.
\$
\$
\$

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 603,254.00

56. Part 2: Total vehicles, line 5 \$ 250.00

57. Part 3: Total personal and household items, line 15 \$ 16,440.00

58. Part 4: Total financial assets, line 36 \$ 748,327.00

59. Part 5: Total business-related property, line 45 \$ 1,250.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61. \$ 832,494.00 Copy personal property total → + \$ 832,494.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 1,435,748.00

Fill in this information to identify your case:

Debtor 1 CHRISTOPHER JOHN KOVANDA
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of

Case number
 (If known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: <u>1547 E 33rd St, Mpls</u>	\$ <u>0.00</u>	<input type="checkbox"/> \$ <u></u>	11 U.S.C. Section 522(d)(1)
Line from Schedule A/B: <u>1.1</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Household Furnishigs</u>	\$ <u>6,780.00</u>	<input type="checkbox"/> \$ <u></u>	11 U.S.C. Section 522(d)(3)
Line from Schedule A/B: <u>6</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>Toyota Highlander</u>	\$ <u>0.00</u>	<input type="checkbox"/> \$ <u></u>	11 U.S.C. Section 522(d)(2)
Line from Schedule A/B: <u>3.1</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
- ☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☒ No
- ☐ Yes

Case number (if known)

Last Name

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: <u>2005 Chevy Aveo</u> Line from Schedule A/B: <u>3.2</u>	\$ <u>250.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(5) _____
Brief description: <u>Audio Visual</u> Line from Schedule A/B: <u>7</u>	\$ <u>1,000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(3) _____
Brief description: <u>Personal Books</u> Line from Schedule A/B: <u>8</u>	\$ <u>500</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(3) _____
Brief description: <u>Art</u> Line from Schedule A/B: <u>8</u>	\$ <u>750.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(3) _____
Brief description: <u>Decorations, Frames</u> Line from Schedule A/B: <u>8</u>	\$ <u>500.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(3) _____
Brief description: <u>Home Tools</u> Line from Schedule A/B: <u>7</u>	\$ <u>150.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(3) _____
Brief description: <u>Computer</u> Line from Schedule A/B: <u>39</u>	\$ <u>750.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(6) _____
Brief description: <u>Quello Wedding Ring</u> Line from Schedule A/B: <u>12</u>	\$ <u>40.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(4) _____
Brief description: <u>Professional Books</u> Line from Schedule A/B: <u>40</u>	\$ <u>500.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(6) _____
Brief description: <u>K.P.S., PLLC</u> Line from Schedule A/B: <u>19</u>	\$ <u>0</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(6) _____
Brief description: <u>A.I.E., PLLC</u> Line from Schedule A/B: <u>19</u>	\$ <u>0</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(6) _____
Brief description: <u>Medical License</u> Line from Schedule A/B: <u>27</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. Section 522(d)(6) _____

Addendum of Answers to Schedule C

<u>Sch</u>	<u>Description</u>	<u>Value</u>	<u>Exemption</u>	<u>Exemption</u>
<u>AB Line</u>		<u>Owned</u>	<u>Value</u>	<u>Law</u>
31	Professional & Commercial Liability Insurance	0	0	11USC522d6
31	Prudential Life Insurance	0	0	11USC522d7
31	USAA Insurance	0	0	11USC522d2
13	Dog	300	300	11USC522d3
8	Model Train	100	100	11USC522d5
8	Racing Go Kart	1000	1000	11USC522d5
8	2 remote control racing cars	250	250	11USC522d5
9	Tommy Armour Golf Clubs and Calloway Bag	125	125	11USC522d5
9	Backpacking Equipment: 2 back packs, 2 day packs, 1 tent, 2 sleeping bags	100	100	11USC522d5
8	Coin Collection Miscellaneous uncirculated quarters, dollars and fifty cent pieces ranging from 1964 -- 2015	650	650	11USC522d5
8	Stamp Collection two binders of commemorative stamps, ranging from 1977 -- 1990	450	450	11USC522d5

10	Henry Eagle	700	700	11USC522d5
	Scott Rifle			
9	Bicycles	300	300	11USC522d5
	2 touring, 1 cruiser and 1 mountain bike type			
9	Skateboards	175	175	11USC522d5
	Five skateboards and one scooter			
9	Skis	225	225	11USC522d5
	three pairs of skis, 3 snow boards, boots			
9	Weights and Bench	75	75	11USC522d5
	twelve miscellaneous dumbbells and bench			
8	Kayak	250	250	11USC522d5
	"Old Town" kayak with paddle			
9	Guitar	100	100	11USC522d5
9	Outdoor Trampoline	50	50	11USC522d5
9	one pair ice skates	20	20	11USC522d5
11	Clothing	1500	1500	11USC522d3
21	401k Plan	603,111	603,111	11USC522d10E
	Through Cornerstone P. Asset Trust			
21	Profit Sharing Plan	8400	8400	11USC522d10E
27	License	0	0	11USC522d6
	Minnesota Board of Medicine License to practice			
34	Unemployment Rights	0	0	11USC522d10A

Unemployment pay of \$834 per week while Petitioner is able to meet all eligibility requirements including not being able to practice profession, temporarily, because of Governor's stay at home edict due to Covid-19.

19	Stock in Kovanda	0	0	11USC522d6
	Kovanda Aesthetic Surgery, P.C.			

Fill in this information to identify your case:

Debtor 1	Christopher	John	Kovanda
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Minnesota			
Case number			
(If known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	Fifth Third Bank	Describe the property that secures the claim:	\$ 205,154	\$ 222,254.00	\$ 0
Creditor's Name 5050 Kingsley Drive Number Street		1547 East 33rd Street, Minneapolis, MN			
Cincinnati OH 45227 City State ZIP Code					
Who owes the debt? Check one.		As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent			
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> At least one of the debtors and another		Nature of lien. Check all that apply.			
<input type="checkbox"/> Check if this claim relates to a community debt		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
Date debt was incurred 11/1/16		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
		<input type="checkbox"/> Judgment lien from a lawsuit			
		<input type="checkbox"/> Other (including a right to offset)			
		Last 4 digits of account number 2 0 5 4			
2.2	Chase Home Bank	Describe the property that secures the claim:	\$ 284,606	\$ 381,000	\$ 0
Creditor's Name Post Office Box 182613 Number Street		6120 Kavanaugh Lane Unit 612 East Gull Lake, Minnesota 55401			
Columbus OH 43218 City State ZIP Code					
Who owes the debt? Check one.		As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent			
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> At least one of the debtors and another		Nature of lien. Check all that apply.			
<input type="checkbox"/> Check if this claim relates to a community debt		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
Date debt was incurred var		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
		<input type="checkbox"/> Judgment lien from a lawsuit			
		<input type="checkbox"/> Other (including a right to offset)			
		Last 4 digits of account number 9 5 9 5			
Add the dollar value of your entries in Column A on this page. Write that number here:			\$ 489,760.00		

Christopher

John

Document
Kovanda

Page 27 of 75

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Part 1:**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any

2.3 Firefly FCU FKA US FCU

Describe the property that secures the claim:

\$ 24,600 \$ 17,100.00 \$ 7,500.00

Creditor's Name

1400 Riverwood Drive

Number

Street

1547 East 33rd Street, Minneapolis, MN 55407

Burnsville

MN 55337

City

State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 10/30/18

Last 4 digits of account number 3 4 3 9

2.5 Toyota Motor Credit

Describe the property that secures the claim:

\$ 9967 \$ 6,500.00 \$ 3,467.00

Creditor's Name

Post Office Box 9786

Number

Street

2011 Toyota Highlander Hybrid

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☒ Debtor 1 only
☒ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 060816

Last 4 digits of account number 3 2 6 3

2.5 Wells Fargo Bank

Describe the property that secures the claim:

\$ 901,582.00 \$ 243,598.00 \$ 657,984.0

Creditor's Name

MAC D4404-03A

Number

Street

Post Office Box 2715

Winston Salem

NC 2710227

City

State ZIP Code

All Business Property. See Addendum.
Also see MCCD on Addendum.

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 7/15/15

Last 4 digits of account number 4 1 7 1

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 936,149.00

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$ 1,473,859.00

Debtor 1

Christopher

John

Kovanda

First Name

Middle Name

Last Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Mortgage Electronic Registration Systems

Name
Post Office Box 2026

Number Street

Flint MI 48501

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number 9 5 9 5

☐ Mortgage Electronic Registration Systems

Name
N25 W23255 Paul Road

Number Street

Pewaukee WI 53072

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number 9 5 9 5

☐ Waterstone Mortgage Corporation

Name
N25 /w23255 Paul Road

Number Street

Pewaukee WI 53072

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number 9 5 9 5

☐

Name

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number 2 0 5 4

☐

Name

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐

Name

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

SCHEDULE D

Line 2.5: As can be seen in its petition, the total assets of Kovanda Plastic Surgery, PLLC, is \$243,598. Also, likewise the total assets of Aesthetic Institute of Edina, PLLC is zero. The first secured creditor is Wells Fargo Bank. The total claim is \$901,582.21. The account ends with 4171. This claim is secured by the value of all of debtor's business assets through mutual agreement, According to Aesthetic Institute of Edina, PLLC's petition, it has zero assets. Thus, the entity "Total business assets" has a value of \$243,598. Also, thus, Wells Fargo has an unsecured nonpriority claim of \$657,984.21. The address for Wells is MAC D4404-03A, P.O. Box 2715, Winston Salem, North Carolina 27102-2715

Line 2.6: The second creditor that was originally set up to be secured was Metropolitan Consortium of Community Developers (M.C.C.D.). Its total claim is \$47,950.14. The account ends with 1483. This claim is secured by the value of all of debtor's business assets through mutual agreement. However, after taking into account the securing of as much as possible for Wells Fargo Bank, there is no amount left to secure M.C.C.D.'s loan. Thus, M.C.C.D. now has an unsecured claim. M.C.C.D.'s address is 3137 Chicago Avenue, Minneapolis 55407.

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount**2.1****Spectrum Employee Benefits**

Priority Creditor's Name

P. O. Box 290

Number

Street

Breckenridge

MN

56520

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☐ No☐ Yes

Last 4 digits of account number

\$ 15,358 \$ 15,358 \$ 0

When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of PRIORITY unsecured claim:**☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify Employee Profit Sharing Plan**2.5****Internal Revenue Service**

Priority Creditor's Name

Post Office Box 7346

Number

Street

Philadelphia

PA

19101

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

5 1 9 5 \$ 53,697 \$ 53,697 \$ 0

When was the debt incurred? 12/31/2019

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of PRIORITY unsecured claim:**☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____**2.5****See Addendums to EF and EF/G**

Priority Creditor's Name

Number

Street

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☐ No☐ Yes

Last 4 digits of account number

\$ 42,161.00 \$ 30,932.00 \$ 11,229.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of PRIORITY unsecured claim:**☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	Wells Fargo Visa Business Card			
Nonpriority Creditor's Name				
Post Office Box 29482				
Number Street				
Phoenix		AZ	850388650	
City		State	ZIP Code	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Last 4 digits of account number <u>1 4 8 9</u> When was the debt incurred? <u>Various</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Related to A.I.E., PLLC</u>
				\$ 9,796.00

4.2	Wells Fargo Visa Business Card			
Nonpriority Creditor's Name				
Post Office Box 29482				
Number Street				
Phoenix		AZ	850388650	
City		State	ZIP Code	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Last 4 digits of account number <u>6 1 6 5</u> When was the debt incurred? <u>Various</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Related to K.P.S., PLLC</u>
				\$ 9,717.00

4.3	Bank of America			
Nonpriority Creditor's Name				
Post Office Box 15284				
Number Street				
Wilmington		DE	19850	
City		State	ZIP Code	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				Last 4 digits of account number <u>9 8 1 3</u> When was the debt incurred? <u>9/19/2001</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
				\$ 30,789.00

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Wells Fargo Mastercard Small Business

Nonpriority Creditor's Name

Post Office Box 29482

Number Street

Phoenix

AZ

850388650

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 5 2 9\$ 49,933.00When was the debt incurred? Various

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Related to K.P.S., PLLC

4.5

See Addendums to Sch EF and EF/G

Nonpriority Creditor's Name

EF/G List to be filed Under Seal with Court

Number Street

due to HIPPA

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

4.6

TIAA Commercial Finance Inc.

Nonpriority Creditor's Name

10 Waterview Boulevard

Number Street

Parsippany

NJ

07054

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ YesLast 4 digits of account number 7 4 5 9\$ 19,836.00When was the debt incurred? 02/06/2020

As of the date you file, the claim is: Check all that apply.

☒ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Business Telephone Svcs

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Bank of America

Name

Post Office Box 982238

Number

Street

El Paso

City

TX

State

79998

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 9 8 1 3

U.S. Small Business Administration

Name

409 Third Street SW

Number

Street

Washington

City

DC

State

20416

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____ ____ ____ ____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim**Total claims from Part 1**

6a. Domestic support obligations

6a. \$ 111,112.00

6b. Taxes and certain other debts you owe the government

6b. \$ 64,731.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 138,657.00

6e. Total. Add lines 6a through 6d.

6e. \$ 314,500.00

Total claim**Total claims from Part 2**

6f. Student loans

6f. \$ 0

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 189,020.00

6j. Total. Add lines 6f through 6i.

6j. \$ 189,020.00

ADDENDUM TO SCHEDULE EF

PART I

Line 2.2 The debt to Cornerstone is apportioned to the following employees in the following way.

<u>NAME</u>	<u>ADDRESS</u>	<u>AMOUNT</u>
Allison Bergland	12823 Zilla Street, Coon Rapids, MN 55448	571.21
Eileen Christianson	4312 Coolidge Avenue, St Louis Park, MN 55424	5049.68
Angela Dalbec	1347 Oakwood Lane, Hanover, MN 55341	688.90
Haley Durchschlag	3308 Xenwood Ave. S., St Louis Park, MN 55416	64.90
Alyssa Hoerl	1005 Gramsie Road, Apt 240, St Paul, MN 55126	324.99
Heather Lantz	12200 Orchard Highway, Eden Prairie, MN 55344	125.98
Antoinette Maki	14801 80 th Place North, Maple Grove, MN 55311	1316.72
Andrea Meidl	315 Meadow Lane N., Golden Valley, MN 55422	2386.18
Odudayo Rabi	2837 Dupont Avenue South, Apt W404 Minneapolis, MN 55408-4633	763.44
Kristine Sande	5950 292 nd Street East, Cannon Falls, MN 55009	6465.45
Megan Schmitz	13740 Atrium Avenue, Rosemount, MN 55068	2422.45

Line 2.3

The debt to Spectrum is apportioned to the following employees in the following way.

Eileen Christianson	4312 Coolidge Avenue, St Louis Park, MN 55414	3754.51
Angela Dalbec	1347 Oakwood Lane, Hanover, MN 55341	1758.01
Kristine Sande	5950 292 nd Street East, Cannon Falls, MN 55009	2794.60
Antoinette Maki	14801 80 th Place North, Maple Grove, MN 55311	1377.24
Lydia Christianson	4312 Coolidge Ave S., St Louis Park, MN 55424	305.48

Line 2.5:

Minnesota Department of Revenue, Mail Station 7703, St Paul, MN 55146. At least one debtor and another. Claim not subject to offset. Claim is for taxes. Last 4 digits of account is 5195. Debt incurred 12/31/2019. Total and priority claim \$10,757.

Colonial Life. Account . . . 1061. \$423.80 for Employee Life Insurance. Address is Processing Center, P.O. Box 1365, Columbia, South Carolina 29202-1365.

Domestic Support obligations owed to Rebecca Kovanda. Her address is 5347 Pinewood Trail, Edina, MN 55436. This started on the date of their divorce, 9/20/2010. The debt is Debtor 1's only and is not subject to offset. The total and priority amounts, they are equal, is \$111,112.

PART II. 4.5.

These are creditors to whom certain amounts are owed.

Nathan Moretter-Bue's part of Cornerstone claim because claim was not for services at most 180 days before filing of petition. Amount is \$23,320.32. Bue's address is 11197 Branching Horn, Eden Prairie, MN 55347.

The following creditors are creditors of both the Petitioner and Kovanda Plastic Surgery.

Petitioner bought medical supplies from Conmed Linvotec for \$4.08. That address is 525 French Road, Utica, New York 13502. Various dates, Not contingent, unliquidated, disputed or subject to offset.

Petitioner bought medical supplies from Johnson & Johnson (now called Advanced Sterilization Products Services, Inc.) for \$675.16. That address is 5972 Collections Center Drive, Chicago, Illinois 60693.

Petitioner bought medical supplies from Sientra for \$1830.00. That address is Department LA24673, Pasadena, California 91185.

Petitioner bought medical supplies from Toll Gas & Welding Supply for \$197.64. That address is 3005 Niagara Lane North, Plymouth, MN 55447

Allergan; 12975 Collections Center Drive, Chicago, Illinois 60693. Medical supplies. \$15,728.60.

Wells Johnson; 8000 South Kolb Road, Tucson, Arizona 85756. Medical supplies. \$285.34.

Petitioner bought professional services on account #10243 from Boeckermann, Grafstrom and Mayer for \$4205.79. That address is 4470 West 78th Street Circle, Minneapolis, MN 55435.

Sciton; 925 Commercial Street, Palo Alto, California 94303. Medical supplies for business. \$12,483.97.

Ability Web Pay; Post Office Box 856015, Minneapolis, Minnesota 55485. Merchant account and customer payment services. Account No 634260. \$107.10.

I Heart Media; Advertising; 3964 Collection Center Drive, Chicago, Illinois 60693; \$250.

Hydrafacials; Medical Supplies; 752 Wisconsin Avenue North, Golden Valley, Minnesota 55427; \$367.20

AmeriPride; Medical Supplies; Invoice 100870088 on 4/30/2020. 700 Industrial Boulevard NE, Minneapolis, Minnesota 55412; \$1666.09.

Henry Schein; Medical Supplies; Account #364589, Invoice #03282020 on 4/17/2020 for \$1153.49; Department CH 10560, Palantine, Illinois 60055

Comcast; Account #8772106005067940 on 5/3/2020 for Internet Service; Post Office Box 60533, City of Industry, California 91716; \$260.62.

Rectangle Health; Account #520003918881 for KPS and Account #520003918612 for AIE for credit processing services; P.O. Box 288, Chappaqua, New York 10514; Total claim amount \$806.47

Mann Companies; For Business office lease; Post Office Box 3726, Minneapolis, Minnesota 55403; Debt Incurred March 5, 2015; At least one of the debtors and another (Kovanda Plastic Surgery, PLLC); Claim IS subject to offset, IS contingent, IS unliquidated and IS disputed. As part of the lease contract landlord was supposed to pay petitioner a total of One Hundred and Fifty Thousand Dollars (\$150,000) for improvements petitioner made to the office and paid for out of his own pocket. The landlord petitioner made this agreement paid the first Thirty Thousand Dollars (\$30,000) of this in Ten Thousand Dollar (\$10,000) increments during 2016, 2017 and 2018. During 2018 that landlord sold the property to Mann Companies. Since then Mann Companies bought the property they have completely missed making such payment. When petitioner brought this to Mann's attention, Mann did not even let petitioner use this credit in lieu of rental payment. During the period March to June 2020 petitioner was prevented from pursuing his profession due to Governor Walz's government order. Yet, during this period of prevented work petitioner had to keep paying Mann out of his own personal funds. In July 2020 petitioner decided to move his practice to another location, to a landlord more trustworthy. Landlord has never fully cured its default and currently owes petitioner One Hundred and Ten Thousand Dollars of the Tenant Improvements payments. Therefore, in petitioner's point of view, this debt is zero. Copies of the lease face page, lease tenant improvements section and communications between the parties are herein attached.

Fill in this information to identify your case:

Debtor Christopher John Kovanda
First Name Middle Name Last Name

Debtor 2
 (Spouse If filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number
 (If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	See Addendum to Sch EF and G Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	See Names, Addresses and Amounts of Patients' Prepay Amounts to be filed under seal. Prepay amounts are for surgeries that have not been performed yet due to Covid 19.
2.2	The Ackerberg Group Name _____ 3033 Excelsior Boulevard Suite 10 Number _____ Street _____ Minneapolis MN 55416 City _____ State _____ ZIP Code _____	This is the Landlord for the space which offices Petitioner's business Kovanda Aesthetic Surgery, P.C.
2.3	T.I.A.A. Bank Name _____ Post Office Box 911608 Number _____ Street _____ Denver CO 80291-1608 City _____ State _____ ZIP Code _____	Business Telephone and Internet
2.4	_____ Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.5	_____ Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	

Debtor 1

Christopher

John

Kovanda

First Name

Middle Name

Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease	What the contract or lease is for
<div>2.2</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
<div>2._</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
<div>2._</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
<div>2._</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
<div>2._</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
<div>2._</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
<div>2._</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
<div>2._</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	

Fill in this information to identify your case:

Debtor 1	Christopher	John	Kovanda
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Minnesota			
Case number (If known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1	Aesthetic Institute of Edina, P.L.L.C. Name 4999 France Avenue South, Suite 210 Number Street Edina MN 55410 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>2.1</u> <input checked="" type="checkbox"/> Schedule G, line <u>2.1, Add</u>
3.2	Kovanda Plastic Surgery, P.L.L.C. Name 4999 France Avenue South, Suite 210 Number Street Edina MN 55410 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.5</u> <input checked="" type="checkbox"/> Schedule E/F, line <u>2.1</u> <input checked="" type="checkbox"/> Schedule G, line <u>2.1, Add</u>
3.3	Rebecca Kovanda Name 5347 Pinewood Trail Number Street Edina MN 55436 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.2</u> <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____

Christopher

John

Kovanda

Page 42 of 75

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Additional Page to List More Codebtors*Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*

Check all schedules that apply:

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

3._

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

SCHEDULE H

Line 3.1: CoDebtor is Aesthetic Institute of Edina, P.L.L.C., Suite 210, 4999 France Avenue South, Edina, Minnesota 55410; On lines already listed as well as: Schedule EF Lines 2.2, 2.3, 4.1, 4.5 and Addendum; and Schedules EF and G Addendum (To be filed under seal)

Line 3.2: CoDebtor is Kovanda Plastic Surgery, P.L.L.C., Suite 210, 4999 France Avenue South, Edina, Minnesota 55410; On lines already listed as well as Schedule D Addendum, Schedule EF Lines 2.2, 2.3, 4.2, 4.4, 4.5, 4.6 and Addendum; Schedules EF and G Addendum (To be filed under seal)

Debtor 1

CHRISTOPHER

JOHN

KOVANDA

Case number (if known)

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 0	\$ 0
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0	\$ 0
5b. Mandatory contributions for retirement plans	5b. \$ 0	\$ 0
5c. Voluntary contributions for retirement plans	5c. \$ 0	\$ 0
5d. Required repayments of retirement fund loans	5d. \$ 0	\$ 0
5e. Insurance	5e. \$ 0	\$ 0
5f. Domestic support obligations	5f. \$ 0	\$ 0
5g. Union dues	5g. \$ 0	\$ 0
5h. Other deductions. Specify: _____	5h. + \$ 0	+ \$ 0
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0	\$ 0
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0	\$ 0
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 22,067.00	\$ 0
8b. Interest and dividends	8b. \$ 315	\$ 0
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0	\$ 0
8d. Unemployment compensation	8d. \$ 0	\$ 0
8e. Social Security	8e. \$ 0	\$ 0
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Unemployment and stimulus payments</u>	8f. \$ 1,527.00	\$ 0
8g. Pension or retirement income	8g. \$ 0	\$ 0
8h. Other monthly income. Specify: _____	8h. + \$ 0	+ \$ 0
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 23,909.00	\$ 0
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 23,908.00 +	\$ 0 = \$ 23,909.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: <u>Unemployment and stimulus payments</u>		
	11. + \$	0
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12.	\$ 23,909.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <u>Because of losing his office petitioner suffered a million dollar loss of assets</u>		

Debtor 1 **CHRISTOPHER JOHN KOVANDA** Case number (if known) _____
First Name Middle Name Last Name

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>190.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>190.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ _____
6d. Other. Specify: _____	6d. \$ _____
7. Food and housekeeping supplies	7. \$ <u>2,400.00</u>
8. Childcare and children's education costs	8. \$ <u>1,220.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>220.00</u>
10. Personal care products and services	10. \$ <u>350.00</u>
11. Medical and dental expenses	11. \$ <u>125.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>1,450.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>755.00</u>
14. Charitable contributions and religious donations	14. \$ _____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ _____
15b. Health insurance	15b. \$ <u>850.00</u>
15c. Vehicle insurance	15c. \$ <u>65.00</u>
15d. Other insurance. Specify: <u>Health Savings Account</u>	15d. \$ <u>592.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ _____
17b. Car payments for Vehicle 2	17b. \$ _____
17c. Other. Specify: <u>Cont Ed, Home Office</u>	17c. \$ <u>630.00</u>
17d. Other. Specify: <u>Pet Care</u>	17d. \$ <u>150.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>1,500.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ _____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ _____
20b. Real estate taxes	20b. \$ _____
20c. Property, homeowner's, or renter's insurance	20c. \$ _____
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____
20e. Homeowner's association or condominium dues	20e. \$ _____

Debtor 1 **CHRISTOPHER JOHN KOVANDA** Case number (if known) _____
First Name Middle Name Last Name

21. **Other.** Specify: Retirement Contributions

21. **+\$** 1,625.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 14,156.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 14,156.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 23,909.00

23b. Copy your monthly expenses from line 22c above.

23b. **-\$** 14,156.00

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ 9,753.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: The above income figure is the monthly average from 2019 prorated to take the three months of Covid of 2020, when Petitioner could not practice his profession due to government order, into account.

Fill in this information to identify your case:

Debtor 1 Christopher John Kovanda
First Name Middle Name Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: _____ District of Minnesota
Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Christopher John Kovanda x
Signature of Debtor 1

Signature of Debtor 2

Date 03/24/2020
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Christopher John Kovanda
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 lived there

Debtor 2:

Dates Debtor 2 lived there

7333 Gallagher Drive

Number Street

Apartment D305

Edina

City

MN 55435

State ZIP Code

From 11/01/2017

To 11/30/2018

☐ Same as Debtor 1

Number Street

From _____

To _____

☐ Same as Debtor 1

Number Street

From _____

To _____

Number Street

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 Christopher John Kovanda Case number (if known) _____
 First Name Middle Name Last Name

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy: <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ 105,580.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year: (January 1 to December 31, 2019) YYYY	\$ 351,763	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For the calendar year before that: (January 1 to December 31, 2018) YYYY	\$ 112,068	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy: <u>Brainerd property</u> <u>Unemp Comp</u> <u>Stimulus pymt</u>	\$ 578.00 \$ 5,506.00 \$ 12,800.00	 	
For last calendar year: (January 1 to December 31, 2019) YYYY	<u>Wells Fargo Bank</u> <u>Fifth Third Bank</u> <u>Brainerd property</u>	 	
For the calendar year before that: (January 1 to December 31, 2018) YYYY	<u>Wells Fargo Bank</u> <u>Fifth Third Bank</u> <u>IRS</u>	 	

Debtor 1

Christopher John

Kovanda

First Name

Middle Name

Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Digital Limelight Media <small>Creditor's Name</small>	04/10/2020	\$ 7,000.00	\$ 0.00	<input type="checkbox"/> Mortgage
601 Fifth Street NW <small>Number Street</small>	03/10/2020			<input type="checkbox"/> Car
Suite 201 <small>City State ZIP Code</small>	02/10/2020			<input type="checkbox"/> Credit card
Grand Rapids MI 49504 <small>City State ZIP Code</small>				<input type="checkbox"/> Loan repayment
				<input checked="" type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
R.E.I. Co-op Mastercard <small>Creditor's Name</small>	01/14/2020	\$ 5,757.23	\$ 0.00	<input type="checkbox"/> Mortgage
Post Office Box 6351 <small>Number Street</small>	01/22/2020			<input type="checkbox"/> Car
				<input checked="" type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
Fargo ND 58125 <small>City State ZIP Code</small>				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
See Addendum to SFA <small>Creditor's Name</small>		\$	\$	<input type="checkbox"/> Mortgage
				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other

Debtor 1 Christopher John Kovanda Case number (if known) _____
First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

Debtor 1

Christopher John

Kovanda

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No

☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____ _____ Case number _____		Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ _____ Case number _____		Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☐ No. Go to line 11.

☒ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____	See Addendum to SFA	_____	\$ _____
	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name _____ Number Street _____ City State ZIP Code _____		_____	\$ _____
	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 Christopher John Kovanda
 First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

		Describe the action the creditor took	Date action was taken	Amount
Creditor's Name				
Number Street				\$ _____
City State ZIP Code				

Last 4 digits of account number: XXXX-__ __ __ __

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
Number Street			
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1 Christopher John Kovanda
First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name Number Street City State ZIP Code			\$
			\$

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No
☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
			\$

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Howard Lazarus <small>Person Who Was Paid</small> 3800 American Boulevard West <small>Number Street</small> Suite 1500 Bloomington MN 55431 <small>City State ZIP Code</small> halazlaw@gmail.com <small>Email or website address</small> <small>Person Who Made the Payment, if Not You</small>	\$	4/13/2020 \$ 5949
		\$

Debtor 1

Christopher John

Kovanda

First Name

Middle Name

Last Name

Case number (if known)

MoneySharp Credit Counseling

Person Who Was Paid

222 Merchandise Mart Plaza

Number Street

Suite 1225

Chicago

IL

60654

City

State

ZIP Code

support@moneysharp.org

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

3/19/2020

\$ 10

\$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

Number Street

City

State

ZIP Code

\$

\$

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

Dr Jennifer Harrington

Person Who Received Transfer

2805 Campus Drive

Number Street

Suite 485

Plymouth

MN

55441

City

State

ZIP Code

Person's relationship to you None

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Most of the medical equipment, office equipment, inventory and supplies of Petitioner's corporations.

\$100,000.

06/10/2020

Person Who Received Transfer

Number Street

City

State

ZIP Code

Person's relationship to you

Debtor 1 Christopher John Kovanda
 First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX-__ __ __ __	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX-__ __ __ __	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Christopher John Kovanda
 First Name Middle Name Last Name
 Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☒ Yes. Fill in the details.

Public Storage

Name of Storage Facility

4425 West 77th Street

Number Street

Edina

City

MN

State

55435

ZIP Code

Who else has or had access to it?

Name

Number Street

CityState ZIP Code

55435

Describe the contents

historic financial statements, medical books, demonstration implants, oversized tools, cub scout supplies, adult son's personal items, teen son's items

Do you still have it?

- ☐ No
☒ Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☒ Yes. Fill in the details.

Peregrine True Berry

Owner's Name

1547 East 33rd Street

Number Street

Minneapolis

City

MN

State

55408

ZIP Code

Where is the property?

Post Office Box 3009

Number Street

Monroe

City

WI

State

53566

ZIP Code

Describe the property

UGMA/UTMA Account with Vanguard

Value

\$ 1018.45

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Number Street

City

Governmental unit

Number Street

City

State

ZIP Code

State

ZIP Code

Debtor 1 Christopher John Kovanda
 First Name Middle Name Last Name
 Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Court Name		
Number Street		
Case number		
City State ZIP Code	City State ZIP Code	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Kovanda Plastic Surgery PLLC Business Name 4999 France Avenue South Number Street Suite 210 Edina MN 55410 City State ZIP Code	Describe the nature of the business Doctor's medical practice Name of accountant or bookkeeper Dan Boeckermann (2010 -- 2020), Howard Lazarus (2020 -- Present)	Employer Identification number Do not include Social Security number or ITIN. EIN: 2 6 -4 7 5 8 8 6 0 Dates business existed From 2009 To Present
Aesthetic Institute of Edina Business Name 4999 France Avenue South Number Street Suite 210 Edina MN 55410 City State ZIP Code	Describe the nature of the business Medical Practice Name of accountant or bookkeeper Dan Boeckermann (2010 -- 2020), Howard Lazarus (2020 -- Present)	Employer Identification number Do not include Social Security number or ITIN. EIN: 4 7 -4 8 6 9 0 5 1 Dates business existed From 01/01/2009 To

Debtor 1 Christopher John Kovanda Case number (if known) _____
First Name Middle Name Last Name

Business Name

Number Street

City State ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: ____ - ____ - ____

Dates business existed

From ____ To ____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ No

☒ Yes. Fill in the details below.

Date issued

Wells Fargo Bank

Name

MM / DD / YYYY

MAC D440403A

Number Street

P.O. Box 2715

Winston Salem NC 27102

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

Signature of Debtor 1

X

Signature of Debtor 2

Date

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☐ No

☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

LOCAL FORM 1007-1
REVISED 06/16

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In re: CHRISTOPHER JOHN KOVANDA

Case No.

Debtor(s).

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept: \$ 5300.00

Prior to the filing of this statement I have received: \$ 5300.00

Balance Due \$ 0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4.

☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

LOCAL FORM 1007-1
REVISED 06/16

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:
- A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - D. Representation of the debtor in contested bankruptcy matters: and
 - E. Other services reasonably necessary to represent the debtor(s).
6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Date: April 19, 2020

//Howard A. Lazarus
Signature of Attorney

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).


☐ 3. The commitment period is 3 years.

☒ 4. The commitment period is 5 years.

10/19

page 1

Debtor 1 Christopher John Kovanda Document Page 65 of 75 Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 4	\$
8. Unemployment compensation	\$ 0	\$
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 		
For you	\$	
For your spouse	\$	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0	\$
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.		
Unemployment Compensation	\$ 460.00	\$
Economic Stimulus	\$ 1,067.00	\$
Total amounts from separate pages, if any.	+ \$	+ \$
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 25,544.00	+ \$ = \$25,544.00
		Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$ 25,544.00

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☐ You are married and your spouse is filing with you. Fill in 0 below.

☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

	\$
	\$
	+ \$
Total	\$ 0

Copy here → 0

14. **Your current monthly income.** Subtract the total in line 13 from line 12. \$ 25,544.00

Debtor 1

Christopher

John

Document

Page 66 of 75

First Name

Middle Name

Last Name

Kovanda

Case number (if known)

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → \$ 25,544.00

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. \$ 306,528.00

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. MN

16b. Fill in the number of people in your household. 7

16c. Fill in the median family income for your state and size of household. \$ 141,326.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3:****Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. \$ 25,544.00

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. — \$

19b. Subtract line 19a from line 18. \$ 25,544.00

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ 25,544.00

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form. \$ 306,528.00

20c. Copy the median family income for your state and size of household from line 16c. \$ 141,326.00

21. How do the lines compare?☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1

Christopher

John

Kovanda

Page 67 of 75

Case number (if known) _____

First Name

Middle Name

Last Name

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

Signature of Debtor 1

X

Signature of Debtor 2

Date _____

MM / DD / YYYY

Date _____

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Christopher John Kovanda
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number
 (If known)

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

7

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

- 6. Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 3046

- 7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

Christopher John

Kovanda

First Name Middle Name

Last Name

Case number (if known)

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 55

7b. Number of people who are under 65 7

7c. Subtotal. Multiply line 7a by line 7b.

\$ 385

Copy here →

\$ 385

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 0

7e. Number of people who are 65 or older 0

7f. Subtotal. Multiply line 7d by line 7e.

\$ 0

Copy here →

+ \$ 0

7g. Total. Add lines 7c and 7f.

\$ 385

Copy here →

\$ 385

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$ 662

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$ 1747

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
----------------------	-------------------------

Fifth Third Bank \$ 1563

Firefly F.C.U. \$ 228.00

+ \$

9b. Total average monthly payment

\$ 1,791.00

Copy here →

– \$ 1,791.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ 0

Copy here →

\$ 0

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 137

Explain why:

Petitioner has an old house, built 1904, that shelters seven. They hope to repair to make more energy efficient

Debtor 1

Christopher John

Kovanda

First Name

Middle Name

Last Name

Case number (if known)

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☐ 1. Go to line 12.
☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 394

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2011 Toyota Highlander Hybrid

13a. Ownership or leasing costs using IRS Local Standard \$ 217

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
Toyota Motor Credit	\$ 636
	+ \$

Total average monthly payment

\$ 636

Copy here →

— \$ 636

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.

\$ 0

Copy net Vehicle 1 expense here →

\$ 0

Vehicle 2 Describe Vehicle 2: 2005 Chevrolet Aveo

13d. Ownership or leasing costs using IRS Local Standard \$ 217

13e. Average monthly payment for all debts secured by Vehicle 2.
Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
	\$ 0
	+ \$

Total average monthly payment

\$ 0

Copy here →

— \$ 0

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0.

\$ 217

Copy net Vehicle 2 expense here →

\$ 217

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation expense allowance* regardless of whether you use public transportation.

\$ 0

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 197

Debtor 1

Christopher John

Kovanda

First Name

Middle Name

Last Name

Case number (if known)

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ _____ 0
Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ _____ 0
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$ _____ 75
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 1,507.00
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or \$ _____ 156
☐ for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ _____ 392
Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ _____ 440
Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ _____ 697
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 8,230.00
Add lines 6 through 23.

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | | | |
|------------------------|------------|------|---|
| Health insurance | \$ _____ | 280 | |
| Disability insurance | \$ _____ | 343 | |
| Health savings account | + \$ _____ | 592 | |
| Total | \$ _____ | 1215 | Copy total here → \$ _____ 1215 |
- Do you actually spend this total amount?
- ☐ No. How much do you actually spend? \$ _____
- ☒ Yes
26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ _____ 0
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ _____ 0
By law, the court must keep the nature of these expenses confidential.

Debtor 1 Christopher John Kovanda
First Name Middle Name Last Name

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Case number (if known)

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

\$ 0

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\$ 854

* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\$ 0

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

+ \$ 305

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 2374

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly
payment

Mortgages on your home

33a. Copy line 9b here → \$ 1,791.00

Loans on your first two vehicles

33b. Copy line 13b here. → \$ 636

33c. Copy line 13e here. → \$ 0

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
MCCD	Bz Assets	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 830
Wells Fargo Bank	Bz Assets	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 15,267
		<input type="checkbox"/> No <input type="checkbox"/> Yes	+ \$

33e. Total average monthly payment. Add lines 33a through 33d. \$ 18,524.00

Copy total
here →

\$ 18,524.00

Debtor 1

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Case number (if known)

First Name

Middle Name

Last Name

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 =	\$ _____
		Total	\$ <u>0</u> Copy total here → \$ _____ 0

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. \$ 332,642.00 ÷ 60 \$ 5,544.00

36. Projected monthly Chapter 13 plan payment

\$ 15,000.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

x 0.085

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ 1,275.00

Copy total here →

\$ 1,275.00

37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$ 25,343.00

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ 8,230.00

Copy line 32, All of the additional expense deductions \$ 2374

Copy line 37, All of the deductions for debt payment + \$ 25,343.00

Total deductions \$ 35,947.00

Copy total here →

\$ 35,947.00

Debtor 1

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Case number (if known)

First Name

Middle Name

Last Name

Part 2:**Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** \$ 25,544.00

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ 0

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ 0

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here ➔ \$ 35,947.00

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances

Amount of expense

_____ \$ _____

_____ \$ _____

_____ + \$ _____

Total

\$ _____

Copy here ➔

+ \$ _____

44. **Total adjustments.** Add lines 40 through 43. \$ 35,947.00 Copy here ➔ - \$ 35,947.00

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.

\$ -10,403.00

Part 3:**Change in Income or Expenses**

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Christopher John

Kovanda

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Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Part 4:**Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

x

Signature of Debtor 1

x

Signature of Debtor 2

Date

MM / DD / YYYY

Date

MM / DD / YYYY